

Portland Adult Education Registration 2023-2024



The Portland Virtual School will allow learners in grades 6-12 to learn in an online community that fosters independence, critical thinking, creativity and problem solving skills. Our alternative learning environment will provide a high quality standards-driven curriculum that will allow students to learn anytime and anywhere.

Any Time, Any Place, Any Way, Any Pace

Student Name: _____

Assigned Computer #: _____ **Return Date:** _____

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PORTLAND ADULT EDUCATION

School Registration / Emergency Form



Student's Legal Name _____ Male _____ Female _____
Last First Middle (Maiden)

Address _____
Street City State ZIP County

Home Phone _____ Student Cell Phone _____

Student Email _____

Date of Birth _____ Age _____ City/State of Birth _____ / _____

Ethnicity: American Indian _____ Asian American _____ Black _____ Native Hawaiian _____ White _____ Hispanic /Latino _____ N/A _____

With whom does the student reside? _____ Relationship _____

Mother's Name _____ Home Phone _____ Work/Cell _____

Address (if different from student's address) _____
Street City Zip County

Email Address _____

Father's Name _____ Home Phone _____ Work/Cell _____

Address (if different from student's address) _____
Street City Zip County

Email Address _____

Siblings in the District _____

Emergency Contact _____ Home Phone _____ Work Phone _____

Emergency Contact _____ Home Phone _____ Work Phone _____

Do you have any known allergies or medical conditions? _____

Who is your family doctor _____ Phone _____

If medical attention is required, which hospital do you prefer? _____

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PORTLAND ADULT EDUCATION

School Registration / Emergency Form



Is the student currently under suspension/expulsion from any public or private school? Yes _____ No _____

If yes, please explain:

Are you currently on/or pending probation? _____

If yes, who is your probation officer _____ / _____
Name Phone

School District and County of Residence _____ Last grade completed _____

Did the student receive any special services at the above school? Yes _____ No _____

If yes, please check all that apply.

Special Education / IEP

____ Language ____ Vision
____ Math ____ Hearing
____ Speech ____ Occupational Therapy
____ Reading ____ Physical Therapy

Title I (K-5 only)

____ Math
____ Reading

Accommodations

____ 504 Plan
____ Behavior Plan

My son/daughter has permission for open campus during lunch: Yes _____ No _____

YOU MUST SIGN REGISTRATION FORM

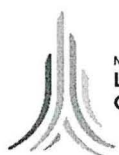
Student Handbook: By signing below my student and I agree to follow and abide by all policies and procedures stated in the student handbook.

For students under 18, parent signature is required

Student Signature _____ Date _____

Parent Signature _____ Date _____

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Adult Learning Plan

The Adult Learning Plan (ALP) is required by the Office of Adult Education.

* = Required Field

Program Year: _____

Section 1: Provider Information	
*Provider Name: _____ Adult Education Services Locator	
Provider Location: _____	
*Date completed: _____	Staff person who assisted you: _____
Section 2: Participant Information	
*First Name: _____	*Last Name: _____ *Middle Initial: _____
*Date of Birth: _____	*City of Birth: _____
Street Address: _____	State/Country of Birth: _____
City: _____	State: _____ Zip Code: _____
County: _____	Social Security Number: _____ *Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Phone Number: _____	Alternate Phone Number: _____
*Email Address: _____	
Alternate Contact Information	
First Name: _____	Last Name: _____
Relationship to the Participant: _____	
Street Address: _____	
City: _____	State: _____ Zip Code: _____
Phone Number: _____	Email Address: _____
Section 3: Personal and Family Information	
Please indicate the number of children you have to help us track the direct effect on the education of our participants' children.	
*Number of children not yet in school (0 – preschool): _____	
*Number of school-age children (K-12): _____	
*Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Select one or more races with which you identify: <input type="checkbox"/> African American or Black <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
*Select your highest level of education completed: <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 (no diploma) <input type="checkbox"/> High School Diploma <input type="checkbox"/> High School Equivalency (HSE) Certificate <input type="checkbox"/> Some Postsecondary / No Degree <input type="checkbox"/> Postsecondary or Professional Degree <input type="checkbox"/> Unknown	
*Where was your education completed? <input type="checkbox"/> U.S. Based Schooling <input type="checkbox"/> Non-U.S. Based Schooling	
Section 4: Labor Status	
*What is your current labor status? <input type="checkbox"/> Employed <input type="checkbox"/> Employed / received termination notice or military <input type="checkbox"/> Unemployed – seeking employment <input type="checkbox"/> Not working – not seeking employment (not in labor force)	
If Employed: Employer name: _____ Hourly wage: _____ Hours usually worked in a week: _____	

Section 5: Barriers		
*Childcare	Do you have difficulty finding affordable and/or reliable childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Cultural Barriers	Do your beliefs, customs, or practices make it difficult for you to function in a school or work environment? If yes, please identify the cultural barrier: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Current / Prior Foster Care	Are you currently in or have you aged out of the foster care system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Digital Access – Equipment	Do you have access to a computer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Digital Access – Internet	Do you have access to the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Digital Literacy	Do you have difficulty using computers, the internet, and/or technology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Disabled (Physical / Mental Impairment)	Do you have physical / mental disabilities or impairments that limit major life activities (you do not need to be receiving disability benefits)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Displaced Homemaker	Displaced homemaker can be defined as any of the following: (1) If you have been providing unpaid services to family members in your home but now need to look for employment, (2) If you have been dependent on another person's income and no longer receive that financial support, or (3) If your spouse has been deployed to active military duty and your family income has significantly reduced. Are you a displaced homemaker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Exhausting TANF	Are you within two (2) years of exhausting your lifetime eligibility for Temporary Assistance for Needy Families (TANF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Ex-Offender	Ex-Offender can be defined as any of the following: (1) You have an arrest or conviction on your record that has created a barrier to employment, (2) You are currently on probation or parole, or (3) You have a criminal record beyond infractions, including misdemeanors or felonies. Are you an ex-offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Homeless	Are you currently experiencing homelessness or lack a permanent, adequate, nighttime residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*IEP	Do you or have you had an Individualized Educational Plan (IEP) in school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Learning Disabled	Have you been diagnosed, or do you believe you have a learning disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Low-Income	Defined as meeting any or all of the following low-income guidelines applying to you, or your child(ren): (1) Your total family income falls below the poverty line. (This is approximately \$12,000 for one person and \$25,000 for a family of four), (2) You or your child(ren) receives SNAP, TANF, SSI, Medicaid insurance, WIC, food assistance, public housing or rental assistance, or any other public assistance. Does your family meet the low-income guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Long-Term Unemployed	Have you been unemployed for more than six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Migrant / Seasonal Farm Worker	Are you a Migrant / Seasonal Farm Worker defined here as someone who is primarily employed in agriculture, fish farming labor, or your family travels to where farming jobs are available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Single Parent	Are you a single parent defined here as someone who is pregnant, separated, divorced, or widowed and have primary responsibility for one or more dependent children under age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Substance Abuse	Do you struggle with an addiction to alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Transportation	Do you lack transportation, have unreliable transportation, do not have the means to pay for public transportation and /or do you get rides from friends or lack consistent transportation to get to school or work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Other	Do you have any other barriers not listed above? If yes, please describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 6: Goals

*Select one or more that may apply:

- | | |
|--|--|
| <input type="checkbox"/> Function at or above 9 th Grade Level (ABE only) | <input type="checkbox"/> Retain Employment |
| <input type="checkbox"/> Achieve English Language Proficiency (ESL only) | <input type="checkbox"/> Achieve Citizenship Skills |
| <input type="checkbox"/> Pass One or More Official HSE Tests | <input type="checkbox"/> Vote or Register to Vote |
| <input type="checkbox"/> Attain High School Diploma Credits | <input type="checkbox"/> Increase Involvement in Community Activities |
| <input type="checkbox"/> Obtain High School Equivalency | <input type="checkbox"/> Involvement in Children's Education |
| <input type="checkbox"/> Obtain a High School Diploma | <input type="checkbox"/> Involvement in Children's Literacy Related Activities |
| <input type="checkbox"/> Enroll in Postsecondary Education | <input type="checkbox"/> Leave Public Assistance |
| <input type="checkbox"/> Obtain Postsecondary Credential | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Obtain Employment | |

Section 7: Notice of Data Sharing

Participant registration information will be used to research and evaluate the effectiveness of adult education programs in Michigan through data sharing with other data systems, such as employment and wage records, high school equivalency testing, and college records. The State of Michigan does not report or publish an individual's performance results, only statewide and program totals. The Office of Employment and Training - Workforce Development will not disclose an individual's Social Security number and will comply with all laws and regulations governing Social Security number use and client privacy.

This form may be signed electronically. The signature, whether handwritten or electronic, confirms that information provided is accurate and correct.

*Signature: _____



PORTLAND ADULT EDUCATION

Participant Follow-Up Notice



As part of our registration process and during your instruction time in our program, we will be asking you to update your contact information and provide alternative contact information. Once you leave our program, you may be contacted so we can receive feedback from you and any suggestions for improvements. We will also conduct a brief **Follow-Up Survey** to determine if you received a high school diploma or equivalency, enrolled in postsecondary education or training, and/or obtained a job. The survey will only take a few minutes of your time and your answers are confidential but extremely important.

Your registration information, such as Social Security number, will be used to research and evaluate the effectiveness of Adult Education programs through data sharing with other State of Michigan data systems, including high school equivalency testing, postsecondary enrollment, and employment.

Please note, the State of Michigan does not report individual performance results. Performance results for Adult Education programs are aggregated totals.

Signing below indicates:

- I have received a copy of this notice and this information has been explained to me.
- I authorize the Office of Adult Education to use my Social Security number to obtain employment information from State of Michigan data systems.
- I understand that the Office of Adult Education will not disclose my Social Security number and will comply with laws and regulations governing Social Security number use and client privacy.

Participant Signature

Date

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PORTLAND PUBLIC SCHOOLS

Acceptable Use Policy

and

Agreement for Acceptable Use of Portland Public Schools

Technology Resources

Students Grades K-12



Building/Program Name

Student Name

This agreement is entered into this _____ day of _____, 20____, between _____ (“Student” or “User”) and the Portland Public Schools (“PPS”). The purpose of this agreement is to grant access to and define acceptable use of PPS’s mission statement. “Technology Resources” include, but are not limited to: (1) internal and external network infrastructure, (2) Internet and network access, (3) computers, (4) servers, (5) storage devices, (6) peripherals, (7) software, and (8) messaging or communication systems. These resources may be provided to users to: (1) assist in the collaboration and exchange of information, (2) facilitate personal growth in the use of technology, and (3) enhance information gathering and communication skills.

In exchange for the use of PPS’s Technology Resources either at school or away from school, you understand and agree to the following:

- A. Your use of the PPS’s Technology Resources is a privilege that may be revoked by the PPS at any time and for any reason.
- B. The PPS reserves all rights to any material stored on PPS Technology Resources. You have no expectation of privacy when using PPS Technology Resources. PPS reserves the right to monitor all use of its Technology Resources, including, without limitation, personal email and voice mail communications, computer files, data bases, web logs, audit trails, or any other electronic transmissions accessed, distributed, or used through the Technology Resources. PPS also reserves the right to remove any material from the Technology Resources that the PPS, at its sole discretion, chooses to, including, without limitation, any information that PPS determines to be unlawful, obscene, pornographic, harassing, intimidating, or disruptive.
- C. The Technology Resources do not provide you a “public forum.” You may not use the Technology Resources for commercial purposes or to lobby or solicit political positions or candidates unless expressly authorized in advance by a teacher or administrator as part of a class program or activity. You may, however, use the Technology Resources to contact or communicate with public officials.
- D. The PPS’s Technology Resources are intended for exclusive use by registered users. You are responsible for your account/password and any access to the Technology Resources made using your account/password. Any problems arising from the use of your account/password are your responsibility. Use of your account by someone other than you is forbidden and may be grounds for loss of access privileges and other disciplinary consequences for both you and the person(s) using your account/password.
- E. You may not use the Technology Resources or any other communication/messaging devices (including devices not owned by PPS while on campus, at school sanctioned events – home or away, and/or on school busses) to engage in cyberbullying. Cyberbullying means “the use of email, cell phone and pager text messages, instant messaging (IM), defamatory personal websites, and defamatory online personal polling websites to support deliberate, repeated and hostile behavior by an individual or group that is intended to harm others.”
- F. Misuse of Technology Resources may result in suspension of your account privileges and/or other disciplinary action, up to and including expulsion, as determined by the PPS. Misuses includes, but is not limited to: authorized person, *during adult use*, to enable access to bona fide research or for other lawful purposes.
- G. It is the policy of PPS to prohibit its minor students from (1) accessing inappropriate matter on the Internet; (2) engaging in hacking or other unlawful online activities; (3) disclosing, using, or disseminating personal information online; or (4) accessing materials that are harmful to minors. It is also the policy of PPS to educate

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PORTLAND PUBLIC SCHOOLS

Acceptable Use Policy and



Agreement for Acceptable Use of Portland Public Schools Technology Resources Students Grades K-12

students about cyberbullying awareness and response and about appropriate online behavior, including safely interacting with other individuals in social networking websites, chat rooms, and by email.

- H. PPS does not guarantee that measures described in paragraphs F and G will provide any level of safety or security or that they will block all inappropriate material from PPS's minor students. You agree that you will not intentionally engage in any behavior that was designed to be prevented by paragraphs F and G.
- I. The PPS does not warrant or guarantee that its Technology Resources will meet any specific requirement, or that they will be error free or uninterrupted; nor will PPS or its Internet provider be liable for any direct or indirect, incidental, or consequential damages (including lost data, information, or time) sustained or incurred in connection with the use, operation, or inability to use the Technology Resources.
- J. When utilizing the PPS Technology Resources, you may use only PPS authorized messaging and communication systems. There is no expectation of privacy in electronic communications. The PPS reserves the right to monitor electronic communications.
- K. As soon as possible, you must disclose to your teacher or other school employee any message you receive that is inappropriate or makes you feel uncomfortable, harassed, threatened, or bullied, especially any communication that contains sexually explicit content. You should not delete such content until instructed to do so by a staff member.
- L. The PPS and/or the Internet provider will periodically determine whether specific uses of the PPS's Technology Resources are consistent with this acceptable use policy. The PPS or its Internet provider reserves the right to log Internet use and to monitor mail space and file server utilization by users. The PPS reserves the right to remove a user account on the PPS's Technology Resources to prevent further unauthorized activity.
- M. You may not transfer software belonging to PPS without the permission of the PPS Technology Coordinator or his/her designee. Without first obtaining such permission, you will be liable for any damages and will be required to pay the cost of any damages caused by such transfer, whether intentional or accidental.
- N. You are responsible for the proper use of Technology Resources and will be held accountable for any damage to or replacement of the Resources caused by your inappropriate use.

In consideration for the privileges of using the PPS's Technology Resources and in consideration for having access to the information contained therein, I release the PPS, its Board of Education, individual Board members, administrative employees and agents, the Internet provider and its operators from any and all claims of any nature arising from my use, or inability to use, the Technology Resources. I agree to abide by this Acceptable Use Policy and Agreement and by any rules or regulations that may be added from time-to-time by the PPS and its Internet provider as well as PPS's Internet Safety Policy and its Student Code of Conduct. All additional rules, regulations, and policies are available in hardcopy in the Principal's office.

I have read this Acceptable Use Policy and Agreement and sign it knowingly and freely.

Parent Signature

Date

Student Signature

Date

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PORTLAND PUBLIC SCHOOLS

District Chromebook Agreement



Student Name _____

Device Asset ID Number _____

Parent/Guardian Responsibilities and Permission

I have received a District Chromebook device to use at home and school to support my student's learning and achievement. By accepting the possession of the device, I agree to the following:

- o I understand that it is to be used for educational purposes only and in accordance with Student Acceptable Use Policy.
- o I understand that I am responsible for any loss or damage to the device and charger.
- o The District may request the device be returned at any time.
- o I must return the device to the District in the same condition as it was received.

Students must follow the Responsible Use and Care Guidelines as outlined below. A list of assigned equipment and accessories is also provided below with cost if damaged, stolen, or lost.

I am authorizing the assignment of a Chromebook device to my child currently enrolled in Portland Public Schools. I understand that the device is to be used as a tool for learning and that my child will comply with the Responsible Use and Care Guidelines. I will ensure the safe and timely return of the device within the loan period or upon request by the District. I understand that in the event of theft, misuse or carelessness, there is no provision for replacement. I also understand that I am financially responsible for any willful, malicious, or accidental damage to the device.

By accepting the device, you are responsible for any and all damages and costs incurred.

Internet Content Filtering

The District has implemented technology protection measures and content filtering on all student Google accounts both on campus and offsite. This will ensure that anywhere students are logged in with their school Google accounts, they will be protected required under the guidelines of the Children's Internet Project Act. While Portland Public Schools uses technology protection measures to limit access to material considered harmful or inappropriate to students, it may not be possible for the District to absolutely prevent such access.

Student Responsibilities

By accepting the device, the student is agreeing to follow the guidelines in this policy and is agreeing to report any misuse of the Chromebook to the person designated by the School for such reporting. Misuse means any violations of this policy or any other use that is not included in the policy, but has the effect of harming another or his or her property. Additionally, misuse includes anything that violates the school student handbook or the district technology agreement.

Responsible Use and Care Guidelines

1. Modifying or changing the device settings and/or internal or external configurations is prohibited.
2. Using obscene, threatening or disrespectful language in any form online or in electronic communications is strictly prohibited.
3. Avoid placing heavy materials, such as books, on top of the device.
4. Protect the LCD display screen. Before closing the device, make sure there are no small items, such as a pencil or small earphones, on the keyboard.
5. When carrying a Chromebook, close it and carry it face up.
6. Report any damage that may have happened to the Chromebook immediately.
7. Parents and students agree to return the device and all components to the school in the same condition as when the device was issued to the student.

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PORTLAND PUBLIC SCHOOLS

District Chromebook Agreement



Chromebook Etiquette

All users must abide by the rules of Chromebook etiquette, which include:

1. Politeness. Use appropriate language. No swearing, vulgarities, suggestive, obscene, belligerent or threatening language.
2. Safety. The Chromebooks shall be used for only intended purposes to enhance learning. No personal information shall be shared that could compromise student or staff safety.
3. The following is a non-exhaustive list of offenses that are not acceptable uses of Chromebooks:
 - o Uses that are offensive to others. Don't use access to make ethnic, sexual preference or gender-related slurs or jokes.
 - o Uses that violate the law or encourage others to violate the law. Don't transmit offensive or harassing messages; offer for sale or use any substance whose possession or use of is prohibited by the School District's Student Code of Conduct.
 - o Uses of social networking sites. Chromebooks are provided as a tool of the student's education. School is not the appropriate setting for the use of social networking sites and such use is prohibited. Social networking sites are sites where individuals create and view personal profiles, create networks of friends, leave messages for each other, etc.
 - o Uses that are deemed harassment or bullying. Cyberbullying is strictly prohibited. Chromebooks shall not be used for this purpose or to persuade others to do so. If a student finds that other users are engaging in Cyberbullying or harassment, he or she should report such use to the person designated by the School.

Privacy

Students shall not share any information that could compromise the privacy of themselves or any other students/staff member at the school. This information includes, but is not limited to, the following:

1. Login information
2. Personal information like addresses
3. Descriptions of themselves or any other person that could be used for identification

Damage Charges

Equipment	Damaged Equipment Cost
Chromebook LCD Display	\$75
Chromebook Keyboard/Palm Rest	\$90
Chromebook (lost, stolen, or total replacement)	\$300
AC Charger	\$40

Parent Signature

Date

Student Signature

Date

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PORTLAND PUBLIC SCHOOLS

Release of Information



Student Name: _____
First Middle Last

Date of Birth: _____ Grade Level: _____

Name and Address of Previous School:

Name of School

Address

City

State

Zip

Phone

Fax/Email

This is to certify that the parent/guardian of the above student authorizes the release of the following information to Portland Public Schools:

<input type="checkbox"/> Initial Request ONLY *Do not send CA60 or drop student <input type="checkbox"/> Discipline Records <input type="checkbox"/> Attendance Records <input type="checkbox"/> Academic History <input type="checkbox"/> Special Education Records	<input type="checkbox"/> Full Request *Student is accepted to PHS <input type="checkbox"/> CA60 <input type="checkbox"/> Standardized Test Scores <input type="checkbox"/> Health Records (Immunization Records) <input type="checkbox"/> Attendance Records <input type="checkbox"/> Withdrawal Grades (Prior to End of Marking Period) <input type="checkbox"/> Suspension or Expulsion Records <input type="checkbox"/> Special Education Records <input type="checkbox"/> Discipline Records
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Please send above checked information to: (CIRCLE ONE)

Portland High School
1100 Ionia Rd.
Portland, MI 48875
Attn: Mindy Blaschka
mlaschka@portlandk12.org

Portland Middle School
745 Storz Ave.
Portland, MI 48875
Attn: Stacy Gross
sgross@portlandk12.org

Westwood Elementary
883 Cross St.
Portland, MI 48875
Attn: Robin Gross
rgross@portlandk12.org

Oakwood Elementary
500 Oak St.
Portland, MI 48875
Attn: Bailey Wittenbach
bwittenbach@portlandk12.org

PACE
1090 Ionia Rd.
Portland, MI 48875
Attn: Karla Wittenbach
kwittenbach@portlandk12.org

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